

Taking the Long Road: Overcoming Language Barriers Through Teaching Medical Spanish

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Mi más Sincero Agradecimiento a:

- Linda K. Don, Tracy Carroll, William Rappaport y Jonathan Robles, Colegio de Medicina de la Universidad de Arizona
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Presentation Objectives

1. Describe demographic, legal, workforce and health-related rationale for providing Spanish interpretation services in Arizona's healthcare system,
2. Identify consequences of language barriers in physician encounters with patients of limited English proficiency (LEP),
3. Describe the aim, components, and experience teaching the *Conversantes* course.

Population by Race & Hispanic Origin in the United States, 2000

Race & Hispanic Origin	Year 2000	
	Population (million)	Percentage
Total	281,4	100.0%
White	211,4	75.1%
Hispanic	35,3	12.5%
Black	34,6	12.3%
Asian	10,2	3.6%
AI & AN	2,4	0.9%

Projected Population by Race and Hispanic Origin: 2000-2050

Race & Hispanic Origin	Year 2000		Year 2010		Year 2050	
	Population (Million)	%	Population (Million)	%	Population (Million)	%
White	228,5	81.0	244,9	79.3	302,6	72.1
Hispanic	35,6	12.6	47,7	15.5	102,5	24.4
Black	35,8	12.7	40,4	13.1	61,3	14.6
Asian	10,6	3.8	14,2	4.6	33,4	8.0

Language Spoken at Home, USA and Arizona, 2000

Language	USA		Arizona		Phoenix		Tucson	
	Pop. (Million)	%	Pop. (Million)	%	Pop. (Million)	%	Pop. (Million)	%
Pop. Age 5+	262,3	100	4,7	100	3,0	100	788K	100
Only English	215,4	82.1	3,5	74.1	2,2	75.8	572K	72.5
Spanish	28,1	10.7	927K	19.5	577K	19.2	179K	22.7

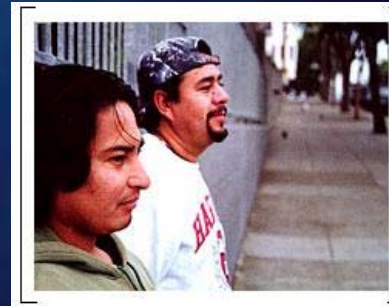
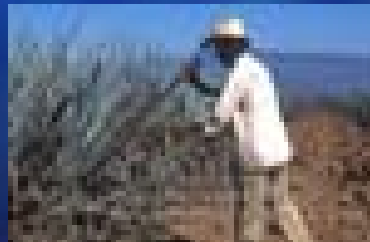
Census 2000 analyzed by SSDAN

Pop. Speaking English Less than "Very Well" in USA & Arizona, 2000

	USA		Arizona		Phoenix		Tucson	
	Pop. (Million)	%	Pop. (Million)	%	Pop. (Million)	%	Pop. (Million)	%
Total	21,3	8.1	539K	11.3	343K	11.4	77K	9.6
Spanish	13,7	48.9	435K	46.9	295K	51.1	65K	36.2
Asian	3,5	51.5	28K	45.4	20K	44.8	5K	50.8

Census 2000 analyzed by SSDAN

Cultural Differences



Normative Cultural Values

- Simpatía
- Personalismo
- Respeto
- Familismo
- Fatalismo



Cultural Competence

- Having the skills, knowledge, and understanding about another culture that allows the healthcare provider to assess and intervene in a culturally appropriate manner.
- Knowledge about a diverse culture means you know what questions to ask.



Diversity in the Healthcare Workforce, USA

- American Indian, Hispanic and African American make up 25.6% of United States population but less than:
 - 9% of Registered Nurses,
 - 6% of Physicians,
 - 5% of Dentists.



The Sullivan Commission Report, 2004

Diversity in the Healthcare Workforce, Arizona

American Indian, Hispanic and African American made up 29.3% of Arizona population in 1996-97 but only:

- 2.5% of MD degree recipients,
- 6.7 of RN degree recipients,
- 5% of Pharm.D. degree recipients,
- 17.9% of Dental Hygienist recipients.



Volcán de Buenos Aires, Costa Rica



Consequences of Language Barriers for Healthcare providers

- Language barriers often affect healthcare providers in the following tasks:
 - Making an accurate diagnosis,
 - Meeting informed consent responsibilities,
 - Explaining care options,
 - During health education efforts,
 - In convincing patients to comply with a treatment they may not understand.

Consequences of Language Barriers for LEP Populations

- Lack of awareness of existing services & how to access them,
- Difficulty in making appointments and accessing basic information about the visit,
- Inability to communicate adequately with healthcare providers,
- Low patient satisfaction with cross-cultural encounters, which may lead to reluctance to return to the healthcare setting.

Consequences of Language Barriers for LEP Populations, Cont.

- Receive less detailed information about rehabilitation therapy,
- Understand less of the instructions related to medications,
- Less likely to keep subsequent appointments,
- More likely to make ER visits,
- Less likely to receive preventive services,
- May cause misdiagnosis, poor medical care & inappropriate medications &/or hospitalization of children.

Communication Barriers In Medical Services, U.S. 2002

Problem Area	Total Latino	Foreign -born	Native -born	Spanish-dominant	English-dominant
Difficulty comm. b/c lang. barriers	29%	42%	8%	49%	8%
Difficulty getting care b/c ethnicity	18%	24%	9%	26%	8%

2002 National Survey of Latinos

Consequences: Health Disparities

"Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."

NIH Working Group on Health
Disparities, 2000

Hispanic Health Disparities

- More age-adjusted years of potential life lost before age 75 for the following causes:
 - Stroke (18% more than non-Hispanic whites)
 - Chronic liver disease & cirrhosis (62% more...)
 - Diabetes (41% more...)
 - HIV disease (168% more...)
 - Homicide (128% more...)

CDC, 2004

Hispanic Health Disparities, Cont.

- Higher age-adjusted incidence for:
 - Cervical cancer (152% higher...)
 - Stomach cancer (63% > males & 150% > females)
- Mex. Am. aged 20-70 have higher rates of:
 - Overweight (11% > males & 26% > females)
 - Obesity (7% > males & 32% > females)
- Mex. Am. aged 12-19 have higher rates of:
 - Overweight (112% > males & 59% > females)

Hispanic Health Disparities, AZ

- More likely to die from the following causes:
 - Diabetes (2.3 times more than non-Hispanic whites)
 - Chronic Liver Disease & Cirrhosis (1.8 times ...)
 - Cerebrovascular Disease (1.5 times ...)
 - HIV Disease (1.5 times ...)
 - Primary Hypertension (1.3 times ...)
- 37.8% of all Hispanic deaths occur before expected years of life reached (77.4 years)

Del Monte Pineapple Plantation, Volcán



The *Conversantes* Course

- A service-learning pilot class developed in collaboration by:
 - Department of Family and Community Medicine, UA College of Medicine
 - Office of Academic Access & Achievement, Mel & Enid Zuckerman Arizona College of Public Health
 - Arizona Hispanic Center of Excellence, UA College of Medicine

The *Conversantes* Course

- Native Spanish-speaking, pre-health, undergraduate students
- Service-learning program:
 - Two-hour per week – classroom component
 - Two-hour per week community service component
- Offered as a Fall/Spring semesters course

Course Objectives



1. Communicate with Spanish-speaking health professionals about medical conditions using standard medical terminology;
2. Describe cultural beliefs/practices that may impede communication between Spanish-speaking patients and their medical providers;
3. Demonstrate the ability to interpret general health care information from English to Spanish and Spanish to English using the consecutive interpretation mode.

Student Selection Process

- Course Application Form
 - Personal Information (ethnicity, birthplace)
 - Educational background
 - Employment history/volunteer activities
 - Professional goals
 - Essay Questions
- Personal Interview

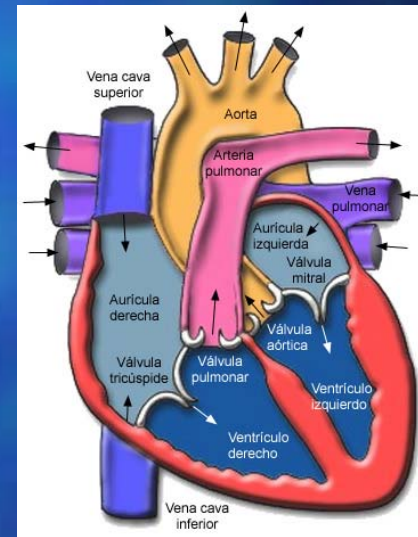
Teaching Methods

■ Classroom Component

- Lectures
- Learning Exercises
- Medical Case Studies
- Guest Speakers

■ Community Service

- Volunteer Medical Interpretation
- Volunteer Spanish-speaking Patients (role-plays)



Thematic Outline

■ Body system

- General anatomy & function
- Diagnostic tests and procedures
- Common diseases

■ Medical Interpretation

- Medical case studies
- Interpretation exercises

■ Cultural competency

- Invited speakers
- Small group exercises/discussion



Community Service



- Clínica Amistad

- 1631 South 10th Avenue
- Interpreters available every Monday 5 - 10 pm

- Casa de Salud San Juan

- 602 West Ajo Way
- Interpreters available the 1st & 3rd Sat. of every month

- University Medical Center

- 1501 North Campbell Avenue
- Interpreters available at General Surgery Clinic

Course Evaluation

■ Written Evaluation

- Interpretation Journals
- Patient Interviews
- Written Exams

■ Oral Evaluation

- Explaining interpreter role
- Interpreting key terms and phrases

Lessons Learned

1. There is a raising gap between the need and availability of trained medical interpreters in Tucson & AZ. Bilingual /bicultural, undergraduate, pre-health students at the University of Arizona can be trained to meet this need.
2. *Conversantes* interaction with faculty & clinicians strengthened their interest and opportunity of pursuing a career in the healthcare field.
3. *Conversantes* interaction with medical students fostered the development of mutually supportive relationship, and improved medical students understanding of Hispanic culture and language.
4. *Conversantes* is a promising service-learning model that benefits Spanish-speaking students, community members and health professionals.

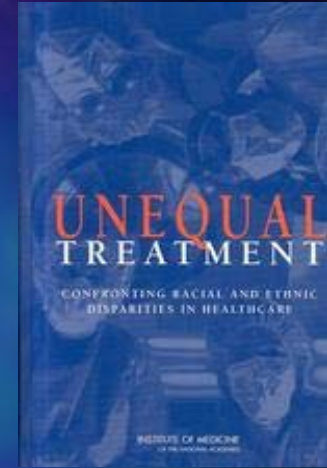
Thank You! – ¡Muchas Gracias!



Legal Requirements

- Title VI of the Civil Rights Act of 1964
 - Ensures that federal money is not used to support programs or activities that discriminate on the basis of race, color or national origin.
- EO 13166 & DHHS Office of Civil Rights - 2000
 - Mandates agencies receiving federal funding to provide interpretation services at no cost to individuals with limited English proficiency at all points of contact during all hours of operation.

Unequal Treatment



“Racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities, even when access-related factors, such as patients’ insurance status and income, are controlled.”

Institute of Medicine, 2003